

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL067022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD HARBOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 SOUND ROAD HOLLY RIDGE, NC 28445</b>		
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C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell on 11-14-2014.  Information from our files indicates that this facility was first licensed or submitted for licensure as a Home for the Aged serving 40 residents on 8-6-1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code for Institutional Unrestrained Occupancy.  Deficiencies were noted which will require a plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on review of documents, the most current Fire Inspection report is dated 8-25-2014, and is listed as "Failed." There are numerous deficiencies listed in the report, many of which will also be cited as deficient in this report. Failure to correct all deficiencies listed in the Fire Inspection report puts all residents, staff and visitors at risk.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 164	Continued From page 1  10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, most of the toilet paper holders in the facility were broken or had parts missing. The result was that toilet paper was sometimes being stored on the unsanitary floor.	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain the back exit near the kitchen in a manner that will allow it to be locked at night for the security of the residents and staff.  2. Based on review of documents, the facility has recently had an infestation of bed bugs. One of the stated Plans of Correction was to encase mattresses and box springs/foundations in "Bed Bug Encasements." Not all mattresses and box	C 166		

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C 166	Continued From page 2  springs/foundations are encased as stated. Findings include; A. Unencased mattress and foundation in storage room near rear exit, B. Unencased mattresses (6) in corridor at right of facility, C. Unencased foundations (2) in room at right of facility, D. Unencased foundation (1) in room 102.	C 166		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation and interview, the facility is not being maintained in a safe and operating condition as relates to the fire alarm system and sprinkler system. Failure to maintain a working fire alarm system and properly working sprinkler system puts all residents, staff and visitors at significant risk of injury or death. Findings include:  A. The fire alarm pull station at the front door was pulled down and activated. Tape had been applied to the pull station in an unsuccessful attempt to hold it closed.  B. The fire alarm system was in "Trouble" and in	C 189		

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C 189	<p>Continued From page 3</p> <p>"Alarm" and silenced. With the fire alarm system in alarm and silenced, the facility does not have a fully working fire alarm system.</p> <p>C. The sprinkler system compressor was still not working and the dry system was effectively a wet system. The high temperature on the day of the survey was 48 degrees F. Freeze protection has not been provided.</p> <p>D. Interview with the Supervisor in Charge (SIC) revealed that a fire watch had been going on since ordered by the local Fire Inspector on 8-25-2014. However, the following problems with the fire watch were noted.</p> <p>i. Documentation to verify the fire watch was only available for the morning of the survey (11-14-2014). The SIC stated that the Maintenance Director might have access to other documentation.</p> <p>ii. On the morning of the survey, the SIC was conducting the fire watch along with her other duties. The SIC stated that the fire watch was routinely done by on duty staff who also had other duties. The local Fire Inspector, Mr. Larry Willaford, provided a copy of the NC Fire Code definition of a fire watch stating the fire watch personal must have NO other duties beyond conducting the fire watch.</p> <p>iii. A additional staff person was brought in and the fire watch began to be conducted properly.</p> <p>2. Based on observation, the facility failed to maintain a properly operating exit at the left end of the building. Failure to maintain a properly operating exit could lead to confusion and delay in the event of an emergency evacuation. Findings include: The exit door at the left end of the facility is</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>equipped with a lever handle on the lockset. The door will not open when the handle is pushed down as one would normally do. The door only opens when the handle is lifted. This was one of many deficiencies listed on the Fire Inspection of 8-25-2014, that has not been corrected.</p> <p>3. Based on observation, the facility failed to protect the corridor from smoke intrusion from spaces off the corridor. Failure to protect the corridor from smoke could cause the corridor to be unavailable for evacuation in a fire. Findings include:</p> <p>A. The 2 doors from the dining room to the corridor have been removed. Also, the door from the kitchen to the dining room was propped open so that fire and smoke that might develop in the kitchen can quickly spread to the corridor.</p> <p>B. The door latch was missing on the front office to the right of the front door. A hole was open in the door at the missing latch.</p> <p>C. The corridor door will not latch on the room to the right of room 102. Also, the door does not fit the opening well enough to be smoke resisting.</p> <p>D. The corridor door will not latch on the room across from room 102.</p> <p>E. The latch strike plate is missing on one of the ¾ hour fire rated doors to the laundry causing the door to not latch closed properly.</p> <p>F. The required closer is missing on the other ¾ hour fire rated door to the laundry causing the door to not close properly.</p> <p>G. The corridor door will not latch on room 203.</p> <p>H. The metal door casing is damaged at the Administrator's office so the opening is no longer smoke resisting.</p> <p>4. Based on observation, the facility failed to insure that the range hood fire suppression system is inspected and certified as working</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>properly. Findings include: The range hood fire suppression system was last inspected in July of 2013. This was one of many deficiencies listed on the Fire Inspection of 8-25-2014, that has not been corrected.</p> <p>5. Based on observation, the facility failed to insure that the fire extinguishers are inspected monthly as required. Fire extinguishers that are not inspected may fail to operate when needed. Findings include: The inspection tags on all the fire extinguishers indicate they were last inspected in August.</p> <p>6. Based on observation, the facility failed to properly maintain battery back-up emergency egress lights. Improperly maintained emergency egress lights might not function when needed. Findings include: A. The right side lamp of the emergency egress light near the office would not work when tested. B. The emergency egress light in the corridor near room 201 was hanging on the wall by the wires.</p> <p>7. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Findings include: A. Some of the tape and gypsum wallboard compound was falling off the attic smoke barrier wall. B. Approximately 10 inches by 15 inches of tile was missing and a hole was exposed in the shower wall in the "H/C Bath" at the right end of the facility.</p> <p>8. Based on observation there was no key available onsite to allow entry into several spaces</p>	C 189		

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C 189	Continued From page 6  in the facility. Without a key, we could not enter to survey the room for hazards in the following locations: A. Administrator's office, B. Storage room off corridor beside the living room, C. Electric room off the laundry.  9. Based on observation, the rooms on the right end of the facility had been partially "dismantled." Cover plates were missing on the walls and the rooms were in a state of disarray. The rooms must be corrected before being occupied by residents.	C 189		
C 195	Hot Water System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: Based on observation, the hot water was only 81 degrees F in the bathroom off room 200.	C 195		
C 120	Bathrooms-Location, Access To	C 120		

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C 120	Continued From page 7  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 5. The requirements for bathrooms and toilet rooms are: b. Entrance to the bathroom is not to be through a kitchen, another person ' s bedroom, or another bathroom. h. Bathrooms and toilet rooms must be located as conveniently as possible to the residents ' bedrooms.  This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the bathrooms and/or toilet rooms that are located near the resident bedrooms. Findings include: A. There is a sign stating "Out of Order" on the "H/C Bath" on the corridor at the left end of the facility currently being used by residents. B. There are parts missing at the shower in the "H/C Bath" on the corridor currently being used by residents. C. There is a sign stating "Out of Order" on the toilet room located between rooms 207 and 209. D. The shower room that the residents are currently using is located on the right end of the facility. This corridor was dark and was obstructed with mattresses and furniture.	C 120		
C 147	Corridors-Free Of Equipment & Obstructions  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 7. The requirements for corridors are: d. Corridors must be free of all equipment and other obstructions.  This Rule is not met as evidenced by: Based on observation, the corridors were not	C 147		



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C 147	Continued From page 8  being maintained free of obstructions. Failure to maintain a clear corridor could delay an emergency evacuation. Findings include:  Furniture and mattresses (5 encased and 6 not encased) were left in the hall obstructing the exit path below the required 6 ft. minimum to about 4.5 ft.	C 147		
C 157	Outside Premises-Clean, Safe  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. The requirements for outside premises are: a. The outside grounds must be maintained in a clean and safe condition.  This Rule is not met as evidenced by: Based on observation, the outside grounds were not being maintained in a clean and safe condition.  Findings include; Furniture and many headboards were in the yard outside the exit at the right end of the facility obstructing a clear path to exit from that end of the building. Failure to maintain a clear path to exit could delay an emergency evacuation.	C 157		